

## UNITED STATES DEPARTMENT OF COMMERCE

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APPLICATION NUMBER

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FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NO/TITLE

797015,002

01/28/98



\_ 134-6864-A

MAUREEN PO'BRIEN
THE DUPONT MERCH PHARMACEUTICAL C
E I DUPONT DE NEMOURS AND COMPANY

EGAL PATENTS

1007 MARKET STREET

WILMINGTON DE 19898



DATE MAILED:

14723798

## NOTICE TO FILE MISSING PARTS OF APPLICATION . Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

| >to-avo          | id abandonment.  | •   |                                  |                    |              |
|------------------|--|---|----------------------------------|--------------------|--------------|
| lf al: r<br>□ sm | equired items on this form are filed valientity (statement filed). In non-sma            | vithin the period set above<br>all entity is \$         | , the total amount owed b<br>    | y applicant as a   | t .          |
|                  | The statutory basic filing fee is:  missing.   | -   |                                  |                    |              |
|                  | insufficient.  Applicant must submit \$  such status (37 CFR 1.27).                      | to complete the ba                                      | asic filing fee and/or file a sr | nall entity statem | ent claiming |
| □ 2.             | Additional claim fees of \$  | , including any mu                                      | tiple dependent claim fees,      | are required.      |              |
| 4                | \$for  | independent claims ov                                   | er 3.                            |                    |              |
|                  | \$for  | dependent claims over                                   | 20.                              | •                  | 4.           |
| <b>A</b> I       | \$for multiple depen<br>Applicant must either submit the addi                            | dent claim surcharge.<br>itional claim fees or cancel a | dditional claims for which fe    | es are due.        |              |
| <b>⁻</b> □.3.    | The oath or declaration:   | •   |                                  |                    |              |
| /                | <ul> <li>is missing or unexecuted.</li> <li>does not cover the newly submitte</li> </ul> |   |                                  | , 45, s            |              |
| Ax A             | does not identify the application to does not include the city and state                 | which it applies. or foreign country of applica         | ent's residence.                 |                    |              |
| £                | An oath or declaration in compliance verthe above Application Number and Fill            | vith 37 CFR 1. 63, including                            | residence information and i      | dentifying the ap  | plication by |
| <b>`</b> টু 4.   | The signature(s) to the oath or declarated 1.43 or 1.47.                                 |   |                                  |                    |              |
| . <b>1</b>       | A properly signed oath or declaration in<br>Application Number and Filing Date, is       |   | 1.63, identifying the applicat   | ion by the above   |              |
| □ 5.             | The signature of the following joint inve  | entor(s) is missing from the o                          | eath or declaration:             |                    |              |
|                  | An oath or declaration in compliance v<br>inventor(s), identifying this application      | by the above Application N                              | umber and Filing Date, is re     | quired.            | itted        |
|                  | A \$50.00 processing fee is required sin   |   |                                  | 1.21(m)).          |              |
|                  | Your; filing receipt was mailed in error be application does not comply with the         |   | irned without payment.           |                    |              |
|                  | See attached "Notice to Comply with Se   |   | 71-1.825."                       |                    | 100          |
| . □ 9.           | OTHER:   | •   | <u> </u>                         |                    |              |
| Direc            | the recly and any questions about this   | notice to "Attention: Box Mi                            | ssing Parts."                    |                    |              |
| 7                | A copy of th   | is notice <u>MUST</u> be i                              | eturned with the re              | ply.               |              |
| 1                | 1. J. Kin  |   |                                  |                    |              |
|                  | omer Service Center  |   | •.                               |                    | 2.5          |
| lhitial          | Patent Examination Division (703) 308  | -1202   |                                  |                    | 4 20         |
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